CHARLIE CRIST

13TH DISTRICT, FLORIDA

www.crist.house.gov

215 CANNON HOUSE OFFICE BUILDING WASHINGTON, DC 20515 (202) 225–5961

696 1st Avenue North, Suite 203 St. Petersburg, FL 33701 (727) 318–6770

## Congress of the United States

House of Representatives Washington, DC 20515-0913

APPROPRIATIONS COMMITTEE SUBCOMMITTEES:
DEFENSE

COMMERCE, JUSTICE, SCIENCE

FINANCIAL SERVICES AND GENERAL GOVERNMENT

SCIENCE, SPACE, AND TECHNOLOGY COMMITTEE

SUBCOMMITTEES:

SPACE AND AERONAUTICS

ENVIRONMENT

February 11, 2020

The Honorable Mark Esper, Secretary United States Department of Defense

Dear Secretary Esper,

I write to express concerns with the situation surrounding the traumatic brain injuries (TBIs) suffered by our servicemembers in the Iranian missile attacks on the Iraqi Al Asad Air Base and the base in Erbil, Iraq.

It is clear that a growing number of our troops sustained significant TBIs in the attack. Reports surfaced on January 13, 2020 that several troops were being assessed for possible concussions. Since then, the Department of Defense has officially revised the number of injured servicemembers from the Iranian attack 4 times: 11 (January 17), 34 (January 24), 50 (January 28), and 64 (January 31). On February 10, reports surfaced that there are now over 100 TBI diagnosed service members. For at least 21 servicemembers, their injuries are so severe they were evacuated to Germany or the United States for treatment. While these wounds may be unseen, too often they have serious health repercussions.

Between 2000 and 2019, over 400,000 servicemembers were diagnosed with traumatic brain injuries, including 15 percent of veterans returning from Iraq and Afghanistan. 43.9 percent of veterans with diagnosed traumatic brain injuries have co-occurring PTSD, and there is a strong correlation between brain injuries, PTSD, and substance use disorders. Even worse, veterans exposed to bomb blasts who do not have immediate symptoms and who are not ultimately diagnosed with a traumatic brain injury may still have permanent brain damage. Chairman of the Joint Chiefs of Staff Gen. Mark Milley indicated that the servicemembers in the Iranian attack will need to be monitored for the rest of their lives.

Our servicemembers are taught duty, honor, courage, and service. This can create a culture whereby servicemembers are either unwilling to talk openly about brain injuries or, worse, they are ashamed to come forward about their symptoms. As the ballistic missile attacks at Erbil and Al Asad show, in the era of Great Power Competition, attacks from advanced adversaries can quickly become mass casualty events, even when there is advanced warning. The Pentagon must continue working proactively to reduce the risk to servicemembers of suffering traumatic brain injuries. This means improved transparency of TBIs suffered by servicemembers, accountability for military leaders to more quickly report and treat TBIs, and a recommitment to prevent TBIs, particularly as our servicemembers face threats from increasingly powerful weapons.

To that end, I'd like to know what policy or procedural changes DOD will make in how the military assesses and treats brain injuries after lessons learned in the Iranian attack? How will

DOD provide improved, more rapid, and accurate reporting on traumatic brain injuries? How will DOD improve safety for our warfighters and reduce the risk of brain injuries from ballistic missile attacks and attacks involving other advanced weaponry?

Thank you for your attention, and I look forward to your response.

Mark

Charlie Crist UNITED STATES CONGRESSMAN